

## TRAVEL EXPENSE CLAIM

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Statement on separate docushare  
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CLAIMANT'S NAME Victoria L. Bradshaw				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT Labor & Workforce Dev Agency			
POSITION				BARGAINING UNIT				DIVISION OR BUREAU Office of the Secretary			
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 801 K Street, Suite 2101				TELEPHONE NUMBER 916-327-9064			
CITY CA				STATE CA				ZIP CODE 95814			

(1) MONTH/YEAR 01/10	(2) DATE Date Time	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) COST OF TRANS	(B) TYPE USED	(C) TRANSPORTATION		(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	O.T., L.T., RELO or DINNER				(A)	(D) PRIVATE CAR USE Miles Amount		
11	0430 1310	Sac-Los Angeles-Sac		6.00				158.70	CC A	9.00	11	\$5.510	179.210
12	0545 1700	Sac-Mountain View-Sac		6.00					PC		237	\$118.350	124.350
27	0700 1500	Sac-Richmond-Sac							PC	4.00	150	\$75.070	79.070
28	0945 1700	Sac-San Jose-Sac							PC	4.00	244	\$122.000	126.000
(10) SUBTOTALS				12.00				158.70		17.00	642	\$320.930	\$508.63
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													\$508.63

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)	(11A) Summary						(12) NORMAL WORK HOURS
	Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	
	1/11 Ace Clearwater in Torrance w/Governor to highlight CA Jobs Initiative						
	1/12 Cobalt Biofuels in Mountain View w/Governor to highlight CA Jobs Initiative						
	1/27 SunPower Systems in Richmond w/Governor to highlight CA Jobs Initiative						
1/28 San Jose Silicon Vly Chamber meeting w/Governor to highlight CA Jobs Initiative		Total		Document Reference	Prepared By	(13) PRIVATE VEHICLE LICENSE	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.							(14) MILEAGE RATE CLAIMED \$0.500
							AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER

CLAIMANT'S SIGNATURE [Signature]	DATE 2-3-10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature]	DATE 2-8-10
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)		DATE	

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CLAIMANT'S NAME <b>Victoria L. Bradshaw</b>				SSAN OR EMPLOYEE NUMBER*		DEPARTMENT <b>Labor &amp; Workforce Dev Agency</b>			
POSITION		BARGAINING UNIT		DIVISION OR BUREAU <b>Office of the Secretary</b>			EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE		
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS <b>801 K Street, Suite 2101</b>				TELEPHONE NUMBER <b>916-327-9064</b>	
CITY		STATE <b>CA</b>		ZIP CODE		CITY <b>Sacramento</b>		STATE <b>CA</b>	
								ZIP CODE <b>95814</b>	

  

(1) MONTH/YEAR 01/10	(2) DATE Time	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	O.T., L.T., RELO. or DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount		
28	0945 1700	Sac-SanJose-Sac							PC	14.00			14.000
(10) SUBTOTALS										14.00			\$14.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$14.00	

  

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)  1/28 San Jose Silicon Vly Chamber meeting w/Governor to highlight CA Jobs Initiative Supplemental January, 2010 TEC, parking left off	(11A) Summary						(12) NORMAL WORK HOURS  (13) PRIVATE VEHICLE LICENSE  (14) MILEAGE RATE CLAIMED \$0.500  AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
	Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	
Total		Document Reference		Prepared By			

  

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CLAIM	DATE <b>3.9.10</b>	(16) APPROVING TRAVEL AND PAYMENT	DATE <b>3 19 10</b>
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)			DATE